## FORM D

SEC Mail Processing 9eetlen

MAR UB 700A

Washington, DC < 1**03**3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFFRING EXEMPTION

| 1288177 |
|---------|
|---------|

OMB APPROVAL

3235-0076

OMB Number:

April 30, 2008

**Expires:** Estimated average burden hours

per response ......16.00

| SEC USE ONLY |     |      |        |  |  |  |  |  |
|--------------|-----|------|--------|--|--|--|--|--|
| Prefix       | *** |      | Serial |  |  |  |  |  |
|              |     |      |        |  |  |  |  |  |
| •••          | þ   | ROCE | SSED   |  |  |  |  |  |

| UNIF   | ORM ENHITED OFFERING EXE   |   | PHOCE 22ED  |
|--|--|---|---|
| Name of Offering ( check if this is an amendment of Class B Employee Offering  |  |   | MAR 1 1 2008  |
| Filing Under (Check box(es) that apply): Ru Type of Filing: New  |  | Section (6) ULOE  | THOMSON 1   |
| 1. Enter the information requested about the issue   |  |   |   |
| Name of the Issuer  Dynalabs, LLC  | ( check if this is an amendment and n  |   |   |
| Address of Executive offices (Number and Street 3830 Washington Ave., Ste. 122 St. Louis, Missouri 63108   | t, City, State, Zip Code)  | Telephone Number (Includin (314) 533-1660   |   |
| Address of Principal Business Operations<br>Code) (if different from Executive Offices)  | (Number and Street, City, State, Zip   | Telephone Number (Includin  | g Area Code)  |
|  |  | ease specify: Limited liability   |   |
| Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation of Organization:   | (Enter two letter U.S. Postal Service abbreviate:CN for Canada; FN for other foreign | reviation for MO  | imated  |
| GENERAL INSTRUCTION:   |  |   | T.  |
| Federal: Who Must File: All issuers making an offering of secur (6).   | rities in reliance on an exemption under Regula                                      | tion D or Section 4(6), 17 CFR 230  | .301 et seq. or 15 U.S.C. 77d                               |
| When to file: A notice must be filed no later than 15 da<br>Commission (SEC) on the earlier of the date it is received<br>date it was mailed by United States registered or certification. | ved by the SEC at the address given below or, it                                     | <ol> <li>A notice is deemed filed with the<br/>freceived at that address after the d</li> </ol> | U.S. Securities and Exchange ate on which it is due, on the |
| Where to file: U.S. Securities and Exchange Commission   | on, 450 Fifth Street, N.W. Washington, D.C. 20                                       | 9549.   |   |

Filing Fee: There is no federal filing fee.

of the manually signed copy or bear typed or printed signatures.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| Z. Enter the                          | ; imormac          | ion requested for th                           | ¢ tottownig.                    |                               |                                |                                      |
|---------------------------------------|--------------------|--|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|
| •                                     | Each pro           | omoter of the issuer,                          | , if the issuer has been orga   | unized within the past five y | ears;                          |                                      |
| •                                     | Each ber equity se | neficial owner havir<br>ecurities of the issue | ng the power to vote or disper; | pose, or direct the vote or d | isposition of, 10 <sup>0</sup> | % or more of a class of              |
| •                                     | Each exe           | ecutive officer and o                          | director of corporate issuer    | s and of corporate general a  | and managing pa                | rtners of partnership issuers;       |
| •                                     | Fach ger           | neral and managing                             | partner of partnership issu     | ers.                          |                                |                                      |
| Check Box(es) that                    |                    | Promoter                                       | ☑ Beneficial Owner              |                               | □ Director                     | ☐ General and/or<br>Managing Partner |
| Full Name (Last n<br>Pruett, Michael  | ame first,         | if individual)                                 |                                 |                               |                                |                                      |
| Business or Reside                    |                    |  | treet, City, State, Zip Code    | )                             |                                |                                      |
|                                       |                    | . 122, St. Louis, M                            | O 63108                         | <b>5</b>                      | NZ ₽:                          | General and/or                       |
| Check Box(es) that                    |                    | Promoter                                       | ☑ Beneficial Owner              | Executive officer             | ☑ Director                     | Managing Partner                     |
| Full Name (Last n<br>Odegard, Russell |                    |  |                                 |                               | . <u> </u>                     |                                      |
|                                       |                    |  | treet, City, State, Zip Code    | )                             |                                |                                      |
| Check Box(es) that                    |                    | Promoter                                       | Beneficial Owner                | Executive officer             | Director                       | General and/or Managing Partner      |
| Full Name (Last n                     | ame first,         | if individual)                                 | -                               |                               |                                | <i>g</i> - <i>g</i> -                |
| Business or Resid                     | ence Addr          | ress (Number and S                             | treet, City, State, Zip Code    | )                             | · ·                            |                                      |
| Check Box(es) that                    | at Apply:          | ☐ Promoter                                     | ☐ Beneficial Owner              | Executive officer             | Director                       | General and/or Managing Partner      |
| Full Name (Last n                     | ame first,         | if individual)                                 |                                 |                               |                                |                                      |
| Business or Resid                     | ence Addı          | ress (Number and S                             | treet, City, State, Zip Code    |                               |                                |                                      |
| Check Box(es) tha                     | at Apply:          | ☐ Promoter                                     | ☐ Beneficial Owner              | Executive officer             | Director                       | ☐ General and/or Managing Partner    |
| Full Name (Last n                     | ame first,         | if individual)                                 |                                 |                               |                                |                                      |
| Business or Resid                     | ence Addi          | ress (Number and S                             | treet, City, State, Zip Code    | :)                            |                                |                                      |
| Check Box(es) that                    | at Apply:          | ☐ Promoter                                     | ☐ Beneficial Owner              | ☐ Executive office            | Director                       | ☐ General and/or Managing Partner    |
| Full Name (Last r                     | ame first,         | if individual)                                 |                                 |                               |                                |                                      |
| Business or Resid                     | lence Addi         | ress (Number and S                             | treet, City, State, Zip Code    |                               |                                |                                      |
| Check Box(es) the                     | at Apply:          | Promoter                                       | ☐ Beneficial Owner              | Executive office              | r Director                     | ☐ General and/or  Managing Partner   |
| Full Name (Last r                     |                    |  |                                 |                               |                                |                                      |
| Business or Resid                     | lence Add          |  | treet, City, State, Zip Code    |                               |                                |                                      |
|                                       |                    | (Use blank sl                                  | neet, or copy and use additi    | onal copies of this sheet, as | s necessary.)                  |                                      |

A. BASIC IDENTIFICATION DATA

|                      |   | <del></del>                                      |   | <u> </u>                                  | B. INFOR                   | MATION                 | KABOUT                      | OFFER                        | NG                           | <del></del>                  | <del></del>                  |   |                         |       |
|----------------------|---|--|---|---|----------------------------|------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---|-------------------------|-------|
|                      | Has the iss   | uer sold. o                                      | r does the                                |   |                            |                        |                             |                              |                              | ing?                         |                              |   | Yes                     | No    |
| ••                   | THE ETC.  | ,  |   |   | also in Ap                 |                        |                             |                              |                              |                              |                              |   |                         |       |
| _                    | What is the   |  |   |   | -                          | -                      |                             |                              |                              |                              |                              | \$  | Ī                       | None  |
| 2.                   | What is the   | e minimum  | i investme                                | nt that wi                                | n be accep                 | tea nom a              | niy maivid                  | Juai :                       |                              | ••••                         |                              |   | Yes                     | No    |
| 3.                   | Does the o  | ffering per                                      | mit joint o                               | wnership                                  | of a single                | e unit?                |                             |                              |                              | ************                 |                              | .,  |                         |       |
| 4.                   | Enter the in<br>remunerati<br>person or a<br>than five (indealer only | ion for soli<br>agent of a t<br>5) persons<br>/. | citation of<br>broker or o<br>to be liste | f purchaser<br>lealer regis<br>d are asso | rs in conne<br>stered with | ection with<br>the SEC | n sales of s<br>and/or with | securities i<br>th a state o | n the offe<br>of states, li  | ring. If a p<br>ist the nam  | erson to b<br>he of the b    | e listed is a<br>roker or de                      | an associ<br>aler. If n | nore  |
| Full Na              | me (Last nan  | ne first, if i                                   | ndividual)                                | )   |                            |                        |                             |                              |                              |                              |                              |   |                         | _     |
| Busine               | ss or Residen   | ce Address                                       | (Number                                   | and Stree                                 | t, City, Sta               | ite, Zip Co            | ode)                        |                              |                              |                              |                              |   |                         |       |
| Name o               | of Associated   | Broker or  | Dealer                                    |   |                            |                        | <u></u>                     |                              |                              |                              |                              |   |                         |       |
| States i             | n Which Pers  | on Listed  | Has Solici                                | ited or Inte                              | ends to So                 | licit Purch            | asers                       |                              |                              |                              |                              |   | -                       |       |
| (Check               | "All States"  | or check it                                      | ndividual :                               | States)                                   |                            |                        |                             |                              | ******                       |                              |                              |   |                         | State |
| [AL]<br>[IL]<br>[MT] | [AK]<br>[IN]<br>[NE]  | [AZ]<br>[IA]<br>[NV]                             | [AR]<br>[KS]<br>[NH]                      | [CA]<br>[KY]<br>[NJ]                      | [CO]<br>[LA]<br>[NM]       | [CT]<br>[ME]<br>[NY]   | [DE]<br>[MD]<br>[NC]        | [DC]<br>[MA]<br>[ND]         | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR]                      |                         |       |
| [RI]<br>Full Na      | [SC]<br>ame (Last nan   | [SD]<br>ne first, if i                           | TN]<br>individual                         | <u>[TX]</u><br>)                          | [UT]                       | [VT]                   | [VA]                        | [WA]                         | [WV]                         | [WI]                         | TAA iT                       | <u> [i K]                                    </u> | _                       |       |
|                      |   |  |   |   |                            |                        |                             |                              |                              |                              |                              |   |                         |       |
| Busine               | ss or Residen   | ce Address                                       | s (Number                                 | and Stree                                 | t, City, St                | ate, Zip Co            | ode)                        |                              |                              |                              |                              |   |                         |       |
| Name                 | of Associated   | Broker or  | Dealer                                    |   |                            |                        |                             | ••                           |                              |                              |                              | -   |                         |       |
| States               | in Which Per  | con Listed                                       | Has Salis                                 | ited or Inte                              | ends to So                 | licit Purch            | asers                       | <del></del>                  |                              | <del></del>                  | -                            |   | <u> </u>                |       |
|                      | "All States"  |  |   |   |                            |                        |                             |                              |                              |                              |                              |   | . 🗆 All                 | State |
|                      | "All States"  | or check ii                                      |   |   |                            |                        |                             |                              |                              |                              |                              |   |                         | .,    |
| (AL)<br>[IL]         | [AK]<br>[IN]  | [AZ]<br>[IA]                                     | [AR]<br>[KS]                              | [CA]<br>[KY]                              | [CO]<br>[LA]               | [CT]<br>[ME]           | [DE]<br>[MD]                | [DC]<br>[MA]                 | [FL]<br>[MI]                 | [GA]<br>[MN]                 | [HI]<br>[MS]                 | [ID]<br>[MO]                                      |                         |       |
| [MT]<br>[RI]         | [NE]<br>(SC)  | [NV]<br>[SD]                                     | [NH]<br>[TN]                              | [NJ]<br>[TX]                              | [NM]<br>[UT]               | [NY]<br>[VT]           | [NC]<br>[VA]                | [ND]<br>[WA]                 | [OH]<br>[WV]                 | [OK]<br>[WI]                 | [OR]<br>[WY]                 | [PA]<br>[PR]                                      |                         |       |
|                      | ame (Last nar   |  |   |   |                            |                        |                             |                              |                              | •                            |                              |   |                         |       |
| _                    |   |  |   |   | St. 6                      |                        |                             |                              |                              |                              |                              |   |                         |       |
| Busine               | ess or Residen  | ice Addres                                       | s (Number                                 | r and Stree                               | et, City, St               | ate, Zip C             | odej                        |                              |                              |                              |                              |   |                         |       |
| Name                 | of Associated   | Broker or  | Dealer                                    |   | · · · · ·                  |                        |                             | ,                            |                              |                              |                              |   |                         |       |
| States               | in Which Per  | son Listed                                       | Has Solic                                 | ited or Int                               | ends to So                 | licit Purch            | nasers                      | <del></del>                  |                              |                              |                              |   |                         |       |
|                      | in which ref<br>k "All States'  |  |   |   |                            |                        |                             | 443443444444                 |                              |                              |                              |   | . 🛭 All                 | State |
|                      |   |  | [AR]                                      | [CA]                                      | [CO]                       | [CT]                   | [DE]                        | [DC]                         | [FL]                         | [GA]                         | [HI]                         | [ID]  |                         |       |
| [AL]<br>[IL]<br>[MT] | [AK]<br>[IN]<br>[NE]  | [AZ] ·<br>[IA]<br>[NV]                           | [KS]<br>[NH]                              | [KY]<br>[NJ]                              | [LA]<br>[NM]               | [ME]<br>[NY]           | [MD]<br>[NC]                | [MA]<br>[ND]                 | [MI]<br>[OH]                 | [MN]<br>[OK]                 | [MS]<br>[OR]<br>[WY)         | [MO]<br>[PA]<br>IPR]                              |                         |       |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

.

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | PRO        | CEEDS          |             |                             |
|---|------------|----------------|-------------|-----------------------------|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \Price \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                 |            | Aggregate      |             | Amount                      |
| Type of Security  | (          | Offering Price | A           | Already Sold                |
| Debt  | <b>\$</b>  |                | \$_         |                             |
| Equity  | \$_        |                | <b>S</b> _  |                             |
| ☐ Common ☐ Preferred (convertible to Common)  |            |                | _           |                             |
| Convertible Securities (including warrants)   |            |                | \$          | ·                           |
| Partnership Interests   |            |                | <b>S</b> _  |                             |
| Other (Specify: Class B Membership Units )  |            | 26,250         |             | 6,250                       |
| Total   | \$_        | 26,250         | \$ <u>2</u> | 6,250                       |
| Answer also in Appendix, Column 3, if filing under ULOE.  |            |                |             |                             |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." |            | lumber of      |             | Aggregate                   |
|   | I          | nvestors       |             | llar Amount<br>Of Purchases |
| Accredited Investors  | _          | 0              |             | 00                          |
| Non-Accredited Investors  |            | 9              | \$_         | 26,250                      |
| Total (for filings under Rule 504 only)   |            |                | \$_         |                             |
| Answer also in Appendix, Column 4, if filing under ULOE.  |            |                |             | <del></del>                 |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.  | l by<br>es | Type of        |             | Dollar                      |
| Type of offering Rule 505   |            | Security       | \$_         | Amount Sold                 |
| Regulation A  |            |                | \$_         |                             |
| Rule 504  |            |                | \$_         |                             |
| Total   |            |                | \$          |                             |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in to offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given   | his        |                | _           |                             |
| subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  | 2          |                | <b>\$</b> _ |                             |
| Printing and Engraving Costs  |            |                |             |                             |
| Legal Fees  |            |                |             |                             |
| Accounting Fees   |            |                |             |                             |
| Engineering Fees  |            |                |             |                             |
| Sales Commissions (specify finders' fees separately)  |            |                |             |                             |
| Other Expenses (identify)   |            |                |             |                             |
| Total   |            |                |             |                             |
| 101a1   |            |                | Ψ_          | 2,000                       |

|  | IBER OF INVESTORS, EXPENSES AND US  |  |  |                   |
|--|---|--|--|-------------------|
| Enter the difference between the aggregate offering prexpenses furnished in response to Part C—Question 4.a.   | rice given in response to Part C—Question 1 and .This difference is the "adjusted gross proceeds to | total<br>to the issuer."                               | s                                      | 24,250            |
| 5. Indicate below the amount of the adjusted gross prothe purposes shown. If the amount for any purpose is no eft of the estimate. The total of the payments listed must proceed to Plant C. Question 4 belows | ot known, furnish an estimate and check the box to  | o the  |  |                   |
| n response to Part C—Question 4.b above.   |   | Payments<br>to Officers,<br>Directors,<br>& Affiliates | Payment to<br>Others                   | O                 |
| Salaries and Fees  |   | 🗆\$  | <u> </u>                               | 0                 |
| Purchase of real estate  |   |  | <u> </u>                               | 0                 |
| Purchase, rental or leasing and installation of  | machinery and equipment   |  | <u> </u>                               | 0                 |
|  | d facilities  |  | <u> </u>                               | 0                 |
| Acquisition of other businesses (including the that may be used in exchange for the assets or  | value of securities involved in this offering securities of another issuer pursuant                 |  | . <b></b>                              | •                 |
|  |   |  |  |                   |
| Repayment of indebtedness  |   |  |  |                   |
| •  |   |  |  |                   |
| *  |   |  |  | 24,250            |
|  |   |  |  |                   |
| Total Payments Listed (column totals added)  |   | *******  | ⊠ \$                                   | 24,250            |
|  | D. FEDERAL SIGNATURE  |  |  | 1                 |
| The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to full information furnished by the issuer to any non-accredit                                      | urnish to the U.S. Securities and Exchange Comn   | nission, upon written                                  | ule 505, the foll<br>request of its st | owing<br>aff, the |
| Issuer (Print or Type)   | Signature   | Date   |  |                   |
| Dynalabs, LLC  | Miles Cuel  | 1-31-  | 8                                      |                   |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)   |  |  |                   |
| Michael Pruett   | Authorized Person   |  |  |                   |
|  | ATTENTION   |  |  |                   |
|  | ATTENTION   |  |  |                   |
| Intentional misstatements or omiss   | ions of fact constitute federal criminal violatio   | ns. (See 16 U.S.C.                                     | 1001.)                                 |                   |

| E. STATE SIGNATURE   |  |
|----------------------|--|
| E. STATE STOTE STATE |  |

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

Yes□ No 🏻

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrator, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)  Dynalabs, LLC | Signature<br>Milion Tund                | Date (~3/~) |
|---------------------------------------|---|-------------|
| Name (Print or Type) Michael Pruett   | Title (Print or Type) Authorized Person |             |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed printed signatures.

| ,     |              |                                |   | APP  | ENDIX   |  | ·               |              |          |                           |  |  |  |  |
|-------|--------------|--------------------------------|---|--|---|--|-----------------|--------------|----------|---------------------------|--|--|--|--|
| 1     | 2            | ?                              | 3   |  |   | 4  |                 |              | 5        |                           |  |  |  |  |
|       |              | credited<br>fors in<br>Part B— | Type of security<br>and aggregate<br>offering price<br>offered in State<br>(Part C—Item1) |  | Type of investor and amount purchased in State (Part C—Item2) |  |                 |              |          | amount purchased in State |  | under (if y expl or and vaiv lin State (Part |  | tate Ul<br>s, attae<br>nation<br>r grant |
| State | Yes          | No                             |   | Number of<br>Accredited<br>investors             | Amount  | Number of<br>Non-<br>Accredited<br>Investors | Amount          | Yes          | ۸        |                           |  |  |  |  |
| AL    |              |                                |   |  |   |  | <del>.</del> -  | <u> </u>     |          |                           |  |  |  |  |
| AK    |              | <del> </del>                   |   |  |   |  |                 |              |          |                           |  |  |  |  |
| AZ –  |              |                                |   |  |   |  | _ <del></del> . | <del> </del> |          |                           |  |  |  |  |
| AR    | <del> </del> |                                |   |  |   |  |                 |              |          |                           |  |  |  |  |
| CA    | 1            | <u> </u>                       |   |  |   |  |                 | 1            |          |                           |  |  |  |  |
| CO    | <u> </u>     |                                |   |  |   | · · · · · · · · · · · · · · · · · · ·        |                 |              |          |                           |  |  |  |  |
| CT    |              |                                |   |  |   |  |                 |              |          |                           |  |  |  |  |
| DE    |              |                                |   |  |   |  |                 |              |          |                           |  |  |  |  |
| DC    |              |                                |   | <del>                                     </del> |   |  |                 |              |          |                           |  |  |  |  |
| FL    | <del> </del> |                                |   |  |   |  |                 |              |          |                           |  |  |  |  |
| GA    | <u> </u>     |                                |   |  |   |  |                 |              |          |                           |  |  |  |  |
| HI    |              |                                |   |  |   |  |                 | İ            |          |                           |  |  |  |  |
| ID    | -            |                                | <del></del>   |  |   |  |                 |              |          |                           |  |  |  |  |
| IL    | Х            |                                | Class B<br>Membership<br>units  | 0  | 0   | 2  | \$6,750         |              |          |                           |  |  |  |  |
| ΙN    |              |                                |   |  |   |  |                 | ļ            | <u> </u> |                           |  |  |  |  |
| IA    |              |                                |   |  | -   |  |                 |              | <u> </u> |                           |  |  |  |  |
| KS    |              |                                |   |  |   |  |                 |              | ļ        |                           |  |  |  |  |
| KY    |              |                                |   |  |   |  |                 | <b>_</b>     | ļ        |                           |  |  |  |  |
| LA    |              |                                |   |  |   |  |                 | <u> </u>     | ļ        |                           |  |  |  |  |
| ME    |              |                                |   |  |   |  |                 | <u> </u>     | <u> </u> |                           |  |  |  |  |
| MD    |              |                                |   |  |   |  |                 |              | <u> </u> |                           |  |  |  |  |
| MA    |              |                                |   |  |   |  |                 |              | <u> </u> |                           |  |  |  |  |
| MI    | 1            |                                |   |  |   |  |                 |              | ļ        |                           |  |  |  |  |
| MN    |              |                                |   |  |   |  |                 |              | ļ        |                           |  |  |  |  |
| MS    |              |                                |   |  |   |  |                 |              | <u> </u> |                           |  |  |  |  |
| MO    | X            |                                | Class B<br>Membership<br>units  | 0  | 0   | 7  | \$19,500        |              |          |                           |  |  |  |  |

| State | Yes      | No | Number of<br>Accredited<br>investors | Amount | Number of<br>Non-<br>Accredited<br>Investors | Amount | Yes      | No |
|-------|----------|----|--------------------------------------|--------|--|--------|----------|----|
| MT    | <u> </u> |    |                                      |        |  |        |          |    |
| NE    |          |    | <br>                                 |        |  |        |          |    |
| NV    |          |    |                                      |        |  |        |          |    |
| NH    |          |    |                                      |        |  |        | ļ        |    |
| NJ    |          |    |                                      |        |  |        | <u> </u> |    |
| NM    |          |    |                                      |        |  |        |          |    |
| NY    |          |    |                                      |        |  |        |          |    |
| NC    |          |    | <br>                                 |        |  |        |          |    |
| ND    |          |    |                                      |        |  |        |          |    |
| OH    | · -      |    |                                      |        |  |        |          |    |
| OK    |          |    |                                      |        |  |        |          |    |
| OR    | <u> </u> |    |                                      |        |  |        |          | •  |
| PA    |          |    |                                      |        |  |        |          |    |
| RI    |          |    |                                      |        |  |        |          |    |
| SC    |          |    |                                      |        |  |        |          |    |
| SD    |          |    |                                      |        |  |        |          |    |
| TN    |          |    |                                      |        |  |        |          |    |
| TX    | _        |    |                                      |        |  |        |          |    |
| UT    |          |    |                                      |        |  |        |          |    |
| VT    |          |    |                                      |        |  |        |          |    |
| VA    |          |    |                                      |        |  |        |          |    |
| WA    |          |    |                                      |        |  |        |          |    |
| WV    | -        |    |                                      |        |  |        |          |    |
| WI    |          |    |                                      |        |  |        |          |    |
| WY    |          |    |                                      |        |  |        |          |    |
| PR    |          |    |                                      |        |  |        |          |    |

END